

FILED 26 OCT '16 10:57 USDC-ORP

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

DENNIS JAY Warren  
SID # 7729469  
DRCI - 3920 E. Ashwood Rd.  
(Enter full name of plaintiff(s))  
MADRAS, OR. 97741

Plaintiff(s),

Civil Case No. 3-16-cv-2077-MC  
(to be assigned by Clerk of the Court)

PRISONER CIVIL RIGHTS  
COMPLAINT

v.

ODOC - offender Management  
And Rehabilitation Division -  
and Heidi Steward (Assistant Director)  
(Enter full name of ALL defendant(s))

Defendant(s).

I.

- A. Have you brought any other action or appeal in a court of the United States while a prisoner?

Yes ☒

No ☐

- B. If your answer to A is yes, how many? 1. Describe the lawsuit(s) in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiff(s): DENNIS JAY Warren

Defendant(s): Corizon Healthcare, Washington County Jail And Colin - PA

2. Court: Portland, Oregon
3. Docket Number: Unknown
4. Name of judge to whom case was assigned: Judge Jones
5. Disposition (Was the case dismissed? Was it appealed? Is it still pending?)  
I have no idea. I went Blind, was separated from all my court paperwork by the WA. Co. Sheriffs and sent to prison
6. Approximate date of filing: 2014
7. Approximate date of disposition: Unknown

## II.

A. Place of confinement: DEER Ridge Correctional Inst.

B. Is there a prisoner grievance procedure in this institution?

Yes ☒

No ☐

C. Have you filed a grievance concerning the facts relating to this complaint?

Yes ☒

No ☐

If your answer is no, explain why not:

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D. Is the grievance process completed?

Yes ☒

No ☐

## III. PARTIES

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of plaintiff: DENNIS JAY WARREN  
 Security Identification No.: 7729469  
 Address: DRCI-M - 3920 East Ashwood Rd.  
Madras, Oregon 97741

(In item B, place the full name of each defendant, his/her official position, and his/her place of employment.

- B. Defendant \_\_\_\_\_ is employed as Alcohol + Drug Program.  
at 2575 Center St. NE - Salem, OR. 97301  
ODOC - offender management and Rehabilitation Division.  
 Defendant Heidi Steward is employed as Assistant Director  
at 2575 Center St. NE - Salem, OR. 97301  
ODOC - offender management and Rehabilitation Division.

Defendant \_\_\_\_\_ is employed as \_\_\_\_\_  
 at \_\_\_\_\_

Defendant \_\_\_\_\_ is employed as \_\_\_\_\_  
 at \_\_\_\_\_

Defendant \_\_\_\_\_ is employed as \_\_\_\_\_  
 at \_\_\_\_\_

Additional defendants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IV. STATEMENT OF CLAIM

## Claim I

State what right under the Constitution, laws, or treaties of the United States has been violated.

I Am a Blind man that ODOC - DRCI - ordered me to participate in a Drug & Alcohol program that was not equipped for the Blind. My ADA Rights and Civil right Have been violated.

Supporting Facts: (State here as briefly as possible the facts of your case. Describe how each defendant is involved and when the conduct occurred. It is not necessary to give any legal arguments or cite any cases or statutes.)

I'm Blind - ODOC ordered me to DRCI Drug and Alcohol program. The staff at that time (4-16) said they could not handle a Blind person - no large print, no Braille - very unlikely I would be able to participate in the program. I was told all of this by the Director of the program who no longer works for Doc. I signed out of the program. Doc took 18 good time credits from me, gave me a program fail and took 90 days early release from me. I hadn't even started the program. Offender Management in Salem, OR and Heidi Steward, Salem OR are the last ones to address the second level grievance and therefore they are my Defendants. They have twisted the truth to cover themselves and this prisons lack of proper ADA standards.

Claim II

State what right under the Constitution, laws, or treaties of the United States has been violated.

ADA And my Civil Rights.

[illegible]

State what right under the Constitution, laws, or treaties of the United States has been violated.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supporting Facts: (State here as briefly as possible the facts of your case. Describe how each defendant is involved and when the conduct occurred. It is not necessary to give any legal arguments or cite any cases or statutes.)

[illegible]

(If you have additional claims, describe them on another piece of paper, using the same outline.)

V. RELIEF

State briefly exactly relief you are seeking. Make no legal arguments. Cite no cases or statutes.

- ① No program failure - ② Restoration of loss of 18 good times
- ③ Restoration of 90 early
- ④ Trans Leave -
- ④ 50,000.00 - For my worry and being abused.

Signed this 20 day of October, 20 16

Dennis J. Warren  
#7729469  
(Signature of Plaintiff(s))